

1. CIR./DIST./DIV. CODE PAM		2. PERSON REPRESENTED Wilson, Christopher		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:05-000267-006		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Wilson		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A-CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS RUZZO, WILLIAM 590 Rutter Ave. Kingston PA 18704		13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel		Prior Attorney's Name: _____ Appointment Date: _____	
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) JUL 18 2006 <i>[Signature]</i> Per: CLERK		15. BECAUSE THE ABOVE-NAMED PERSON REPRESENTED HAS TESTIFIED UNDER OATH OR HAS OTHERWISE SATISFIED THIS COURT THAT HE OR SHE (1) IS FINANCIALLY UNABLE TO EMPLOY COUNSEL AND (2) DOES NOT WISH TO RETAIN COUNSEL, AND BECAUSE THE INTERESTS OF JUSTICE SO REQUIRE, THE ATTORNEY WHOSE NAME APPEARS IN ITEM 12 IS APPOINTED TO REPRESENT THIS PERSON IN THIS CASE, OR <input type="checkbox"/> Other (See Instructions) <i>[Signature]</i> Signature of Presiding Judicial Officer or By Order of the Court 07/12/2006		Name Pro Tem Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	
16. CATEGORIES (Attach itemization of services with dates)					
17. HOURS CLAIMED					
18. TOTAL AMOUNT CLAIMED					
19. MATH/TECH ADJUSTED HOURS					
20. MATH/TECH ADJUSTED AMOUNT					
21. ADDITIONAL REVIEW					
15. IN COURT a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)					
16. OUT OF COURT a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets)					
17. TRAVEL EXPENSES (lodging, parking, meals, mileage, etc.)					
18. OTHER EXPENSES (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____					
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION					
21. CASE DISPOSITION					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney: _____ Date: _____					
APPROVED FOR PAYMENT - CLERK / MAG. JUDGE					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	
				34a. JUDGE CODE	